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DES/VJT/dcm
July 25, 2008



PATENT APPLICATION
DOCKET NO. 1062.2002-004
Expedited Procedure under 37 C.F.R. 1.116
Examining Group 1633

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ellis L. Reinherz, Linda K. Clayton, Emma Fiorini, Pedro A. Reche
and Ingo Schmitz

Application No.: 10/783,994 Group: 1633

Filed: February 20, 2004 Examiner: Scott Long

Confirmation No.: 4354

For: IDENTIFICATION OF THE IKBNS PROTEIN AND ITS PRODUCTS

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
7.25.08	Dawn M Myers
Date	Signature
Dawn M Myers	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection for filing in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

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The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	5	MINUS	* 38	0	X \$ 25	\$		X 50	\$
INDEP	3	MINUS	** 19	0	X \$ 105	\$		X \$ 210	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$ 185	\$	+	\$ 370
					TOTAL = \$ 0			TOTAL = \$ 0	

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$130	\$[]	X \$260	\$[]	

Petition for Extension of Time

- ☐ Applicants hereby petition to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☒ The undersigned attorney petitions the Commissioner for Patents to extend the time for filing a Notice of Appeal in reply to the Office Action made Final dated March 26, 2008 for one month, from June 26, 2008 to July 26, 2008 under 37 CFR § 1.136(a).

Applicants' Attorney is not filing a Notice of Appeal at this time but is filing an Amendment After Final concurrently herewith.

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

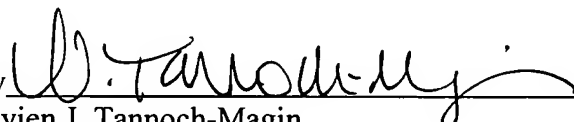
A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$	60
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	60

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
Vivien J. Tannoch-Magin
Registration No.: 56,120
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: July 25, 2008



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TOTAL	5	MINUS	* 38	0	X \$25	\$		X 50	\$
INDEP	3	MINUS	** 19	0	X \$105	\$		X \$210	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$185	\$	+	\$370
					TOTAL = \$ 0			TOTAL = \$ 0	

* not fewer than 20
** not fewer than 3

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(Effective for cases filed on or after December 8, 2004)

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			X \$130	\$[]	X \$260	\$[]	

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<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

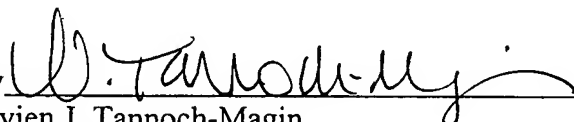
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<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	60

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